

Independent Citizens Redistricting Commission
Application Review and Quality Control Sheet

Applicant Name: <u>Stephanie Sokolewicz Buchanan</u>	
Date Received: <u>2-11-13</u>	Applicant Number: <u>10167</u>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Recommended Applicant Pool Status: <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Included<input checked="" type="checkbox"/> Removed</div></div><div style="width: 45%;">Final Applicant Pool Status: <div style="display: flex; justify-content: space-around;"><input checked="" type="checkbox"/> Included<input type="checkbox"/> Removed</div></div></div>	

REQUIREMENTS:

1. Was the application received before the submission deadline?

☒ Yes ☐ No

If NO, list time/date application was received: _____

2. Is the application complete?

☐ Yes ☒ No

If NO, list the item(s) that need to be completed:

voter history - blank
called - left message
about voting history

3. Indicate how the applicant responded to the following questions:

- A. Student enrolled in a college/university in the City of Austin?

☐ Yes ☒ No

If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:

- i. Reside in the City of Austin?

☒ Yes ☐ No

- ii. Registered to vote in the City of Austin?

☒ Yes ☐ No

- iii. Continuously registered to vote in the City of Austin?

☒ Yes ☐ No

- iv. Voted in 3 of the last 5 City of Austin general elections?

☐ Yes ☐ No

- ❖ **Follow-up needed related to REQUIREMENTS?**

☒ Yes ☐ No

If YES, identify issue(s) addressed and disposition:

voter history not filled out

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CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of interest questions?

☐ Yes ☒ No

If YES, indicate which question(s):

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

CONSISTENCY:

5. Are applicant answers consistent?

☒ Yes ☐ No

If NO, indicate which answer(s):

❖ **Follow-up needed related to CONSISTENCY?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

Application Reviewed By: <u>Chris Shroet</u>	Review Date: <u>2-13-13</u>
Quality Control Review By: <u>[Signature]</u>	QC Review Date: <u>2/28/13</u>
Follow-up Contact(s) Reviewed By: <u>[Signature]</u>	Date: <u>2/28/13</u>